

# Instructions for Completing Power of Attorney for Health Care

You, the person giving power of attorney for health care authority to another, are the “principal.” Place your full name in the blank after “I” and before (*your name*).

Your attorney in fact for health care is the person whom you are giving power of attorney authority for health care. Place your attorney in fact’s full name, address, and telephone number on the lines as indicated.

If you should so desire, a successor attorney in fact for health care can be appointed to act in case the original attorney in fact for health care is unable to act for you. If you would like to name a successor attorney in fact for health care, place the full name, address, and telephone number of the successor attorney in fact for health care on the lines as indicated.

You may direct your attorney in fact for health care to follow certain instructions or limitations. If you choose to do so, place those instructions or limitations on the line as indicated.

You may direct your attorney in fact for health care to comply with certain instructions on life-sustaining treatments (for example, respirators). If you choose to do so, place those instructions or limitations on the line as indicated.

You may direct your attorney in fact for health care to comply with certain instructions on artificially administered nutrition and hydration (for example, feeding tubes and intravenous fluids). If you choose to do so, place those instructions or limitations on the line as indicated.

The Power of Attorney for Health Care form must be signed in the presence of TWO witnesses OR a notary to be valid. Do NOT sign the document UNTIL TWO WITNESSES OR A NOTARY ARE PRESENT AND THE WITNESSES OR NOTARY WITNESS YOU SIGNING THE DOCUMENT. Be sure to include the date you signed the document.

Power of Attorney for Health Care forms do not have to be filed with a court, however, it is very important to keep the form in a secure place where they will not be damaged. Additionally, it is very important that all people involved with the power of attorney for health care form are aware of the location of your form, for future reference.